County: Winnebago PEABODY MANOR, INC. 2500 SOUTH HERITAGE WOODS DRIVE APPLETON 54915 Pho APPLETON 54915 Phone: (920) 733-3724
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 54
Total Licensed Bed Capacity (12/31/00): 54
Number of Residents on 12/31/00: Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Nonprofit Church-Related Skilled Yes Yes Average Daily Census: **58** *******************************

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	 %	Age Groups	% 	Less Than 1 Year 1 - 4 Years	16. 3 49. 0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.0	More Than 4 Years	34. 7
Day Servi ces Respi te Care	No No	Mental Illness (Org./Psy) Mental Illness (Other)	28. 6 2. 0	65 - 74 75 - 84	2. 0 18. 4		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	51.0	********	******
Adult Day Health Care Congregate Meals	No No	Para-, Quadra-, Hemi pl egi c Cancer	0. 0 4. 1	95 & 0ver	26. 5	Full-Time Equivalen Nursing Staff per 100 Re	
Home Delivered Meals	No	Fractures	4. 1		100. 0	(12/31/00)	Sidelles
Other Meals	No	Cardi ovascul ar	16. 3	65 & 0ver	98. 0	DN	10.0
Transportation Referral Service	No No	Cerebrovascul ar Di abetes	10. 2 4. 1	Sex		RNS LPNs	16. 3 7. 1
Other Services	Yes	Respi ratory	4. 1			Nursing Assistants	
Provide Day Programming for Mentally Ill	No	Other Medical Conditions	26. 5	Male Female	16. 3 83. 7	Aides & Orderlies	49. 4
Provide Day Programming for	NO		100. 0	remare			
Developmentally Disabled ************************************	No	· • • • • • • • • • • • • • • • • • • •	****		100.0	 	****

Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			0ther			Private Pay			Manageo	d Care	Percent	
			Per Die	n Per Diem		m	Per Diem		m	Per Diem		ı	Per Diem T			Of All	
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	SO. 00	0	0. 0%
Skilled Care	Ŏ	0. 0	\$0.00	15	60. 0	\$97. 45	Ŏ	0. 0	\$0.00	24		\$146.00	Ŏ	0. 0	\$0.00	39	79. 6%
Intermediate				9	36.0	\$80. 50	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	9	18. 4%
Limited Care				1	4.0	\$69. 21	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	2.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Ventilator-Dependen	t 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total	0	0. 0		25 1	100.0		0	0.0		24	100.0		0	0.0		49	100.0%

Have Advance Directives

Receiving Psychoactive Drugs

100.0

53. 1

County: Winnebago PEABODY MANOR, INC.

Percent Admissions from:

Other Nursing Homes

Total Number of Admissions

Total Number of Discharges

Other Locations

Other Locations

(Including Deaths)

Deaths

Percent Discharges To:

Other Nursing Homes

Private Home/No Home Health

Private Home/With Home Health

Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals

Private Home/No Home Health

Private Home/With Home Health

Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals

With Pressure Sores

With Rashes

4.4

3. 3

5. 5

0.0

0.0

2. 2

34. 3

22.5

1.0

7.8

0.0

0.0

8.8

102

25. 5

91

84.6

% Needing Total Assi stance of Activities of % Totally Number of Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Bathi ng **0.** 0 77.6 22. 4 49 Dressi ng 14. 3 63.3 22. 4 49 Transferri ng 44.9 49 32.7 22. 4 32.7 44.9 22.4 49 Toilet Use 49 Eating 38.8 49.0 12. 2 ***** Continence Special Treatments Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Indwelling Or External Catheter 0.0 4. 1 Occ/Freq. Incontinent of Bladder **65.** 3 0.0 Occ/Freq. Incontinent of Bowel 28.6 0.0 4. 1 Receiving Tube Feeding Receiving Mechanically Altered Diets 0.0 Mobility Physically Restrained 49.0 36.7 Skin Care Other Resident Characteristics

Medi cati ons

8. 2

2.0

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Ownershi p:		Bed	Si ze:		ensure:		
	Thi s	Non	orofit	50-99		Skilled Peer Group		All Facilities	
	Facility Peer Group		Group	Peer	Group				
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	107. 4	87. 8	1. 22	87. 3	1. 23	84. 1	1. 28	84. 5	1. 27
Current Residents from In-County	16. 3	82. 6	0. 20	80. 3	0. 20	83. 5	0. 20	77. 5	0. 21
Admissions from In-County, Still Residing	2. 2	25. 9	0. 08	21. 1	0. 10	22. 9	0. 10	21. 5	0. 10
Admissions/Average Daily Census	156. 9	116. 8	1. 34	141.8	1. 11	134. 3	1. 17	124. 3	1. 26
Discharges/Average Daily Census	175. 9	117. 3	1. 50	143. 0	1. 23	135. 6	1. 30	126. 1	1.40
Discharges To Private Residence/Average Daily Census	100. 0	43. 9	2. 28	59. 4	1.68	53. 6	1.86	49. 9	2.01
Residents Receiving Skilled Care	79. 6	91. 3	0. 87	88. 3	0. 90	90. 1	0. 88	83. 3	0. 96
Residents Aged 65 and Older	98. 0	97. 1	1. 01	95. 8	1.02	92. 7	1.06	87. 7	1. 12
Title 19 (Médicaid) Funded Residents	51. 0	56. 2	0. 91	57. 8	0. 88	63. 5	0.80	69. 0	0.74
Private Pay Funded Residents	49. 0	37. 5	1. 30	33. 2	1. 47	27. 0	1.81	22. 6	2. 17
Developmentally Disabled Residents	0. 0	0. 6	0.00	0. 7	0.00	1. 3	0.00	7. 6	0.00
Mentally Ill Residents	30. 6	36. 3	0.84	32. 6	0. 94	37. 3	0. 82	33. 3	0. 92
General Medical Service Residents	26. 5	21. 1	1. 26	19. 2	1. 38	19. 2	1. 38	18. 4	1.44
Impaired ADL (Mean)	48. 6	50.8	0. 96	48. 3	1. 01	49. 7	0. 98	49. 4	0. 98
Psychological Problems	53. 1	50. 0	1.06	47. 4	1. 12	50. 7	1.05	50. 1	1.06
Nursing Care Required (Mean)	6. 9	6.8	1. 01	6. 1	1.14	6. 4	1.07	7. 2	0. 96